PART B - FEE(S) TRANSMITTAL

CC\$/

MAY 0 2 2005 MAY 0 2 2006 MAY 0 2 2007 MAY 0 2 2006 MA	N N	PE	PART E	3 - FEE(S)	TRANSMITTAL		((3)
INSTRUCTIONS. This form shough? It used for transmissing the ISSUE FEE and PUBLICATION PEE (if required). Blocks I be used to the correspondence address indicated unless controlled the completed with the property of the control of	. /	6 8\	th applicable f		Commissioner fo P.O. Box 1450 Alexandria, Virg	or Patents	
Fe(s) Transmital. This certificate and be used for any other accompanies and the such for any other accompanies. Each additional paper, such as an assignment or formal drawing, in large from the following face of maining or transmission. LUMEN INTELLECTUAL PROPERTY SERVICES, INC. 2345 YALE STREET, 2ND FLOOR PALO ALTO, CA, 94306 70,000 DP	appropriate. All faither co	orrespondence including the lacked or directed otherwise	smitting the ISSU Patent, advance or in Block 1, by (a	IE EEE and	PUBLICATION FEE (if requi	ired). Blocks 1 through 5 s vill be mailed to the current and/or (b) indicating a sep	should be completed where correspondence address as arate "FEE ADDRESS" for
2345 YALE STREET, 2ND FLOOR PALO ALTO CA 94306 03/2005 RKLEUR2 0000072 09835125 FC12501 700,00 UP FC1504 300,00 UP FC15001 APPLICATION NO. FILING DATE FIRST NAMED INVENTOR APPLICATION NO. FILING DATE FIRST NAMED INVENTOR APPLICATION DATABASE OF BODY SURFACE ECG P WAVE INTEGRAL MAPS FOR LOCALIZATION OF LEFT-SIDED ATRIAL ARRHYTHMIAS TITLE OF INVENTION: DATABASE OF BODY SURFACE ECG P WAVE INTEGRAL MAPS FOR LOCALIZATION OF LEFT-SIDED ATRIAL ARRHYTHMIAS APPL. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(5) DUE DATE DUE nonprovisional YES \$700 \$300 \$1000 \$5009/2005 EXAMINER AT UNIT CLASS-SUBCLASS Change of correspondence address or indication of "Fee Address" (37) CR 1-53) Change of correspondence address or indication of "Fee Address" (37) Change of correspondence address or indication of "Fee Address" (37) Change of correspondence address or indication of "Fee Address" (37) Change of correspondence address or indication of "Fee Address" (37) Change of correspondence address or indication of "Fee Address" (37) Change of correspondence address or indication of "Fee Address" (37) Change of correspondence address or indication of "Fee Address" (37) Change of correspondence address or indication of "Fee Address" (37) Change of correspondence address or indication of "Fee Address" (37) Change of correspondence address or indication of "Fee Address" (37) Change of correspondence address or indication of "Fee Address" (37) Change of correspondence address or indication of "Fee Address" (37) Change of correspondence address or indication of "Fee Address" (37) Change of correspondence address or indication of "Fee Address" (37) Change of correspondence address or indication of "Fee Address" (37) Change of correspondence address or indication of "Fee Address" (37) Change of correspondence address or indication of "Fee Address" (37) Change of correspondence address or indication of the patentine or the patentine data or the patentine or the patentine or the patentine or the patentine or the pa	30869	7590 02/09/2005		70 DIG	Fee(s) Transmittal. The papers. Each additions have its own certificate.	is certificate cannot be used all paper, such as an assignme of mailing or transmission.	for any other accompanying ent or formal drawing, mus
FILESOI 700,00 BP FILESOI 9,00	2345 YALE STRI	EET, 2ND FLOOR A 94306	TY SERVIC	ES, INC.	I hereby certify that the States Postal Service vaddressed to the Mai transmitted to the USP	rificate of Mailing or Tran his Fee(s) Transmittal is bein with sufficient postage for fil I Stop ISSUE FEE address TO (703) 746-4000, on the	smission g deposited with the Unite rst class mail in an envelop above, or being facsimil date indicated below.
O9835,125 O4/11/2001 Amc Sippens Groenewegen SF00-061 7471 TITLE OF INVENTION: DATABASE OF BODY SURFACE ECG P WAVE INTEGRAL MAPS FOR LOCALIZATION OF LEFT-SIDED ATRIAL ARRHYTHMIAS APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovisional YES S700 S300 S1000 O5/09/2005 EXAMINER ART UNIT CLASS-SUBCLASS LAYNO, CARL HERNANDZ 3762 600-515000 1. Change of correspondence address or indication of "Fee Address" and stached. TOTAL FEE(S) DUE OF PROSENT AND ADDRESSIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PICASE'S NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: CITY and STATE OR COUNTRY) WHACH STATE (B) RESIDENCE: CITY and STATE OR COUNTRY) WHACH STATE OR COUNTRY WHACH STATE OR COUNTR	FC:2501 FC:1504 FC:8001	300.00 DP			3/21/	SSIN	(Depositor's name) (Signature) (Signature)
APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(s) DUE DATE DUE nonprovisional YES \$700 \$300 \$1000 05/09/2005 EXAMINER ART UNIT CLASS-SUBCLASS LAYNO, CARL HERNANDZ 3762 600-515000 1. Change of correspondence address (or Change of Correspondence Address from PTO/SB/1/22) attached. 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agent) and the ansor of up to 2 registered patent attorneys or agent) and the ansor of up to 2 registered attorney or agent) and the name of up to 3 registered attorney or agent) and the name of up to 2 registered attorney or agent) and the name of up to 2 registered attorney or agent) and the name of up to 2 registered attorney or agent) and the name of up to 2 registered attorney or agent) and the name of up to 2 registered attorney or agent) and the name of up to 3 registered attorney or agent) and the name of up to 2 registered attorney or agent) and the name of up to 2 registered attorney or agent) and the name of up to 2 registered attorney or agent) and the name of up to 3 registered attorney or agent) and the name of up to 3 registered attorney or agent) and the name of up to 2 registered attorney or agent) and the name of up to 2 registered attorney or agent) and the name of up to 3 registered attorney or agent) and the name of up to 3 registered attorney or agent) and the name of up to 2 registered attorney or agent) and the name of up to 3 registered attorney or agent) and the name of up to 3 registered attorney or agent) and the name of up to 3 registered attorney or agent) and the name of up to 3 registered attorney or agent) and the name of up to 3 registered attorney or agent and the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignmee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNE (B) RESIDE	APPLICATION NO.	FILING DATE		FIRST NAME	D INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
nonprovisional YES \$700 \$300 \$1000 05/09/2005 EXAMINER ART UNIT CLASS-SUBCLASS LAYNO, CARL HERNANDZ 3762 600-515000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.569). Change of correspondence address or indication of "Fee Address" (37 CFR 1.569). Change of correspondence address (or Change of Correspondence Address form PTO/SB/1/22) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/1/22) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/1/22) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/1/22) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/1/22) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/1/22) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/1/22) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/1/22) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/1/22) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/1/22) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/1/22) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/1/22) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/1/22) attached. Change of correspondence address (or Change of Correspondence attached) attached. Change of Correspondence address (or Change of Correspondence attached) attached. Change of Correspondence address (or Change of Correspondence attached) attached. Change of Correspondence address (or Change of Correspondence and Correspondence attached) attached. Change of Correspondence address (or Change of Correspondence attached) attached. Change of Correspondence address (or Chan							
EXAMINER ART UNIT CLASS-SUBCLASS LAYNO, CARL HERNANDZ 3762 600-515000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Tree Address" indication for "Fee Address" Indication form PTO/SB/122) attached. Use of a Customer PTO/SB/122 (2) the name of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignme is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) SIBME Fee Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government of Fee (s): A check in the amount of the fee(s) is enclosed. Playment of Fee(s): Payment by credit card. Form PTO-2038 is attached. Payment by credit card. Form PTO-2038 is attached. Payment of Fee (s): A pplicant claims SMALL ENTITY status, see 37 CFR 1.27. B. Applicant talims SMALL ENTITY status, see 37 CFR 1.27. B. Applicant talims SMALL ENTITY status, see 37 CFR 1.27. B. Applicant claims SMALL ENTITY status, see 37 CFR 1.27. B. Applicant claims SMALL ENTITY status, see 37 CFR 1.27. B. Applicant claims SMALL ENTITY status, see 37 CFR 1.27. B. Applicant claims SMALL ENTITY status, see 37 CFR 1.27. B. Applicant claims SMALL ENTITY status, see 37 CFR 1.27. C. S. Authorized Signature Date					L.,		
LAYNO, CARL HERNANDZ 3762 600-515000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached. The Address fraction of the Address fraction form pto/SB/122) attached. Use of a Customer Number is required. The Address fraction of the Address fraction form pto/SB/1220 or omore recent) attached. Use of a Customer Number is required. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. ANAME OF ASSIGNEE Completion of this form is NOT a substitute for filing an assignment.	•		•		•	\$1000	03/09/2003
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1,363). Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached. The Address from PTO/SB/122) attached. The Address indication (or "Fee Address" Indication form PTO/SB/122) attached. Use of a Customer Rumber is required. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) The PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government of the fee(s) is enclosed. Please check the appropriate assignee category or categories (will not be printed on the patent): In Edication Fee (No small entity disgount permitted) A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. Deposit Account Number (enclose an extra copy of this form). B. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. B. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (Frequired) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other part interest as			L			J	
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) SAN Francisco Where I are considered in the patent of the pat	CFR 1.363). Change of corresponded responded	ndence address (or Change of 122) attached. ation (or "Fee Address" Indica or more recent) attached. Use	Correspondence ation form e of a Customer E PRINTED ON T	(1) the nation agents (2) the nating registered 2 registered listed, no in	mes of up to 3 registered pater OR, alternatively, me of a single firm (having as a attorney or agent) and the named patent attorneys or agents. If name will be printed. (print or type)	at attorneys a member a les of up to no name is 1 LUMON 2 Proper 3	ty Services, 1
Issue Fee	(A) NAME OF ASSIGN UNIVERSITY SAN FYC	vee California an si sco	L- (B	a) residence an Fva	CE: (CITY and STATE OR COI	UNTRY)	
5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other part interest as shown by the records of the United States Patent and Trademark Office. Date 4-29-05	Issue Fee Publication Fee (No	small entity discount permitte		A check	in the amount of the fee(s) is en by credit card. Form PTO-2038 ector is hereby authorized by c	is attached.	credit any overpayment, 1 20py of this form).
Authorized Signature	a. Applicant claims	SMALL ENTITY status. See	37 CFR 1.27.	☐ b. Applic	ant is no longer claiming SMA	LL ENTITY status. See 37 C	CFR 1.27(g)(2).
	The Director of the USPTO NOTE: The Issue Fee and I interest as shown by the rec	o is requested to apply the Issu Publication Fee (if required) vecords of the United States Pate	vill not be accepted and Trademark	tion Fee (if and from anyone Office.	ny) or to re-apply any previousle other than the applicant; a regi	y paid issue fee to the applic stered attorney or agent; or t	ation identified above. he assignee or other party i
Typed or printed name _ Ron Sacolos Registration No50,140	Authorized Signature	7			Date 4	29-05	· · · · · · · · · · · · · · · · · · ·
	Typed or printed name	_ Ron Saco	lós.	<u></u>	Registration	No. 50,140	

Inis collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Under the Paperwork Reduction Act of 1995, no person	U.S. Pater s are required to respond to a collection	PTO/SB/21 (08-03) Approved for use through 08/30/2003. OMB 0651-0031 at and Trademark Office; U.S. DEPARTMENT OF COMMERCE on of information unless it displays a valid OMB control number.						
- Side Control of the	Application Number	09/835,125						
TRANSMITTAL	Filing Date	4/11/2001						
FORM	First Named Inventor	Arne Sippens Groenewegen						
(to be used for all correspondence after initial filing) Art Unit 3762								
	Examiner Name	Carl Hernandz Layno						
Total Number of Pages in This Submission	Attorney Docket Number	SF00-061/US						
ENC	LOSURES (Check all that	t apply)						
Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request	Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Addr Terminal Disclaimer Request for Refund CD, Number of CD(s)	to Technology Center (TC) Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): Issue Fee						
Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE C	OF APPLICANT, ATTORN	EY, OR AGENT						
Firm Ron Jacobs Reg. No.: 50,142								
Individual name								
Signature	· · · · · · · · · · · · · · · · · · ·							
Date 4- 29-0!	5							
CERTIFIC	CATE OF TRANSMISSION	I/MAILING						
I hereby certify that this correspondence is being facsis sufficient postage as first class mail in an envelope additional the date shown below. Typed or printed name	mile transmitted to the USPTO or dressed to: Commissioner for Par	deposited with the United States Postal Service with tents, P.O. Box 1450, Alexandria, VA 22313-1450 on						
Signature	2001-	Date 4/29/05						
This collection of information is required by 37 CFR 1/5. The in	formation is required to obtain or reta	in a benefit by the public which is to file (and by the USPTO to						

This collection of information is required by 37 CFR 1/5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

FEE TRANSMITTAL

Application Number:	09/835,125
Filing Date:	4/11/2001
First Named Inventor:	Arne Sippens Groenewegen
Title of Invention:	Database of Body Surface ECG P Wave Integral Maps for Localization of Left-sided Atrial Arrhythmias
Group Art Unit:	3762
Examiner:	Carl Hernandez Layno
Attorney Docket No.:	SF00-061/US

Fee for	Calculation: [] Large Entity / [X] Small Entity		
[X]	Issue Fee	\$1400 / \$700	\$ 700.00
1 .	Publication Fee	\$300	\$300.00
[X]	Printed Patent; Number of Copies: [3]	x \$3 =	\$ 9.00
тот	AL PAYMENT:		\$1009.00

Method of Payment: [X] Payment Enclosed

[X] Credit Card (PTO-2038 Form)

Signature of Applicant, Attorney, or Agent

Ron Jacobs Reg. No.: 50,142

4-29-05 Date